

**ATTORNEY DOCKET NO. 04159.0001U5**  
**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of	)	
	)	
<b>PAREKH et al.</b>	)	Art Unit: <b>2153</b>
	)	
Application No. <b>10/785,683</b>	)	Examiner: <b>Yasin M. Barqadle</b>
	)	
Filing Date: <b>February 24, 2004</b>	)	Confirmation No. <b>8387</b>
	)	
For: <b>SYSTEMS AND METHODS FOR</b>	)	
<b>DETERMNING, COLLECTING,</b>	)	
<b>AND USING GEOGRAPHIC</b>	)	
<b>LOCATIONS OF INTERNET</b>	)	
<b>USERS</b>	)	

**TRANSMITTAL LETTER**

**Mail Stop AMENDMENT**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

NEEDLE & ROSENBERG, P.C.  
Customer Number 23859

August 23, 2007

Sir:

Transmitted herewith is the following in the above-identified application:

<input checked="" type="checkbox"/> Response to Office Action <input type="checkbox"/> Fee as calculated below <input checked="" type="checkbox"/> No Additional Fee Required <input type="checkbox"/> Corrected Drawings	<input type="checkbox"/> Petition to Extend Time <input type="checkbox"/> Supplemental Declaration <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Other _____
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CLAIMS AS AMENDED						
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE	ADDITIONAL FEE
Total Claims					X \$50.00	\$0.00
Independent Claims					X \$200.00	\$0.00
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim					+ \$360.00	\$0.00
EXTENSION FEE	1 <sup>st</sup> Month \$120 <input type="checkbox"/>	2 <sup>nd</sup> Month \$450 <input type="checkbox"/>	3 <sup>rd</sup> Month \$1020 <input checked="" type="checkbox"/>	4 <sup>th</sup> Month \$1590 <input type="checkbox"/>	5 <sup>th</sup> Month \$2160 <input type="checkbox"/>	\$1,020.00
<input checked="" type="checkbox"/> Reduction by ½ for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -						- \$510.00
TOTAL FEE DUE						\$510.00

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**APPLICATION NO. 10/785,683**

Payment:

- ☐ A check in the amount of \$\_\_\_\_\_ is enclosed.
- ☒ Payment by credit card in the amount of \$510.00 for the fees designated below. (Form PTO-2038 enclosed).  
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.
- ☐ The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$\_\_\_\_\_ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- ☒ In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

Respectfully submitted,

NEEDLE & ROSENBERG, P.C.

\_\_\_\_\_  
/Jason S. Jackson/  
Jason S. Jackson  
Registration No. 56,733

NEEDLE & ROSENBERG, P.C.  
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